

# Experience better with Moda Health

Oregon 2022 | Small Group (1-50)



moda  
HEALTH

 DELTA DENTAL®

*We're committed to making healthcare work better for everyone.*

We realize that truly standing by this commitment means understanding that this goal isn't one of equality – it's one of equity. It means truly seeing our members, hearing their unique needs, and acknowledging that those unique needs are often directly tied to systemic disparities that exist in not only the communities we serve, but also throughout our entire country. And paramount to being empowered with this knowledge, it means doing everything we can to understand how to participate in building a more just society.

As a company, we have been working for many years to forge ways that weave the pillars of DEI into everything we do.

**Diversity:**

We value, respect and celebrate people of all backgrounds, identities and abilities and actively seek to identify how uniqueness makes us better.

**Equity:**

We strive to understand the underlying causes of outcome disparities and actively work toward increasing justice and fairness in our processes, procedures and systems – both within our company and within our communities.

**Inclusion:**

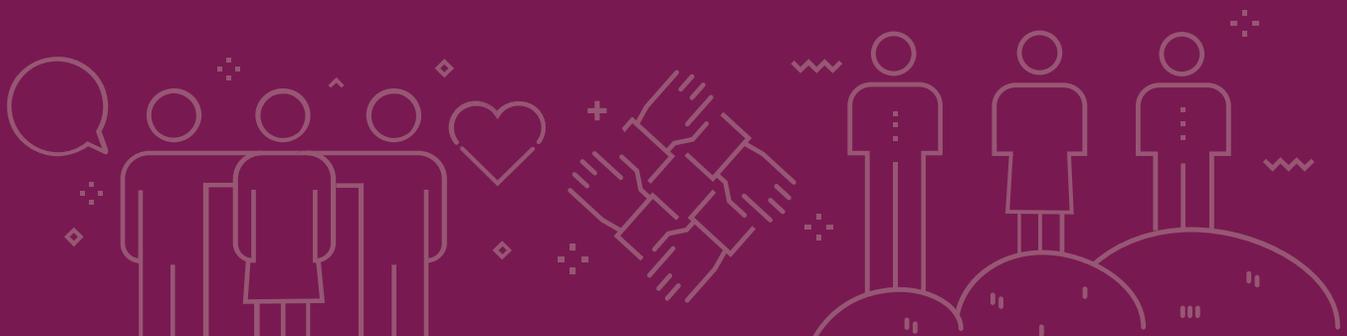
We are committed to creating environments wherein every individual has an equal opportunity to belong and can be recognized for their inherent worth and dignity.

Social injustices have served as a reminder of how crucial it is for these elements to be a measure in doing right by our employees and communities. Crises that disproportionately affect communities of color and other marginalized groups continue to leave us feeling helpless at times. But at our core, we believe that with a new day comes the opportunity to be better – to work harder and faster to create measurable change.

Through this lens, continuing to establish equity within our own walls is crucial. By not just building a more diverse workforce, but also by supporting that workforce through inclusion, education and opportunity. And by creating spaces that allow for crucial conversations and transparency at all levels.

We fully embrace these efforts that will better equip us to support our communities. We know these goals will not be achieved overnight, but they are achievable and we are committed.

*We will be better. We will do better. It is the right thing to do and we expect it of ourselves.*



*Welcome to Moda Health Plan, Inc. and Delta Dental Plan of Oregon, the place your clients go when they want to experience better – better people, better plans, better services and better health.*



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# More choices for *better care*

Your clients have a lot to think about when choosing the right medical benefits for their group. That's why we've made it easy to compare details. This section highlights our current plan options.

Moda Health offers coordinated care model (CCM) plans with an exclusive provider organization (EPO) network, and traditional PPO plans. Both are great and can help your clients on their journey to better health.

## Choosing a plan

Let us tell you about each plan type so your clients can make the best choice for their group!

It's important that your clients find a health plan that provides affordable, quality care whenever they need it. Our plans

vary by premiums, networks, deductibles, copays and coinsurance. They offer your clients more choices to help them pick the right plan for their group.

## Traditional preferred provider organization (PPO) plans

Our traditional PPO plans give members access to the Connexus Network. By choosing a PPO plan, your clients will enjoy:

- Access to more than 65 hospitals and 23,000 providers in Oregon, Washington and Idaho
- In-network and out-of-network benefits available
- No primary care selection required

Traditional PPO plans offer the broadest provider coverage.

## Metallic levels

- **Platinum plans** typically have the highest premiums, but they cover about 90% of the total average cost of care.
- **Gold plans** have the next highest premiums and cover about 80% of the total average cost of care.
- **Silver plans** sit somewhere in the middle, covering around 70% of the total average cost of care.
- **Bronze plans** provide a little less coverage – about 60% of the total average cost of care.

### **Exclusive provider organization (EPO) plans**

EPO plans are designed to offer a personalized care experience that helps members find their way to better care, value and health. There are no out-of-network benefits with an EPO plan except as stated in the Member Handbook. All healthcare provider and specialists must be in the Moda Select Network or the member will be responsible for the full cost of out-of-network services.

### **High-deductible health plans (HDHPs)**

An HDHP is compatible with a health savings account (HSA). Having an HDHP allows members to use tax-free funds for eligible healthcare expenses.

Moda Health is partnering with its subsidiary company, BenefitHelp Solutions, to offer HSA administration.

HSA services include:

- Online member portal and mobile app
- HSA debit cards issued to all members
- Investment guidance tools and a suite of investment options
- Annual tax document preparation

### **Coordinated Care Model (CCM) plans**

Our CCM plans, powered by the Moda Select Network, offer patient-centered care with a team-based approach. The plans connect a primary care provider (PCP) with the rest of a member's care team (other providers, specialists, etc.) to bring members the best treatments.

### **By choosing a CCM plan, your clients will enjoy:**

- A team-based approach to healthcare
- Coordinated care organized across the healthcare system
- Better health outcomes
- A dedicated PCP that coordinates care

The CCM plan is the best option for members looking for partners to help them on their healthcare journey. This is also the ideal option for members who are managing an existing condition because of its laser focus on wellness, prevention and improving their quality of life.

### **Choosing a PCP**

Each of your clients' covered group and family members can pick the same PCP, or a different one – it's up to them.

Once members enroll and receive their Moda Health ID card, they can log in to their Member Dashboard at [modahealth.com](http://modahealth.com) and choose the PCP tab to make their selection.

Please note, a naturopathic physician is not considered a PCP unless they are credentialed with Moda Health as a PCP.

Another key to success in working with a PCP is member engagement. With the member and provider team working together through open communication and goals to be better, the team-based approach really starts to make a difference in the health of our communities.

# Life's *better* in the network

Health happens, whether at home or on the road. We want to make sure members stay covered, no matter where they go. So we've made it easy for your clients' employees to find in-network coverage.

## All plans include a provider network

Each medical plan comes with a provider network. This is a group of licensed medical professionals, clinics, pharmacies, labs and hospitals located in a certain area. These providers offer quality care and services to Moda Health members at an agreed-upon cost.

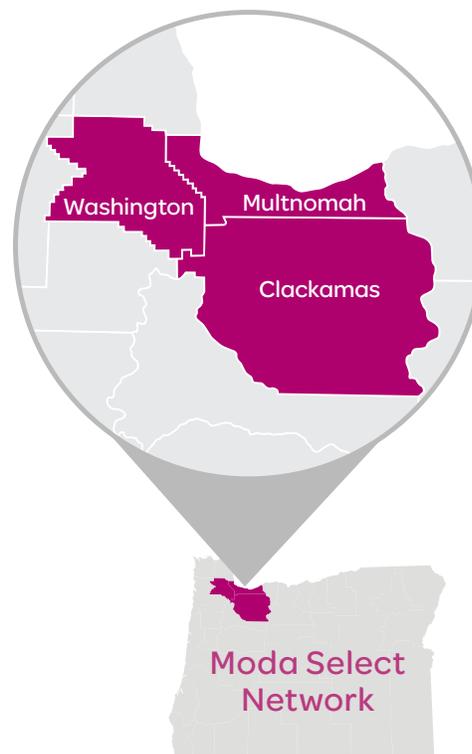
### Moda Select

New for 2022, we are introducing the Moda Select Network. In partnership with OHSU Health, we have created a network that brings the best combination of care, value and health. OHSU Health is committed not only to being the state's leader in quality, providers, innovations and treatments, but also in the ability to deliver greater value for Oregonians.

Serving Clackamas, Multnomah and Washington counties in the greater Portland tri-county metro area, Moda Select Network helps employees residing in these counties manage their health in close partnership with their primary care provider (PCP) and the rest of their care team. The result is a personalized experience that gives members access to high-quality, coordinated care and value at affordable costs.

For groups choosing a Moda Select plan, if any enrolling employees live outside of the network area, the group must also choose a Connexus Network plan.

In addition to OHSU, Moda Select gives members access to a community of quality providers, including OHSU Hillsboro Medical Center and Adventist Health Portland.



### **In- and out-of-network providers**

EPO plans are designed to offer a personalized care experience that helps members find their way to better care, value and health. There are no out-of-network benefits with an EPO plan except for medical emergency services and retail pharmacy services. All healthcare providers and specialists must be in the Moda Select Network or the member will be responsible for the full cost of out-of-network services, except as stated in the Member Handbook.

### **Connexus Network (PPO)**

When clients want our broadest selection of providers across Oregon, Connexus Network has them covered. Clients located anywhere in Oregon can choose a plan with this network. Members can see in-network providers in all counties in Oregon and some areas in Washington and Idaho.

### **Networks outside of Oregon**

Members living in states outside of Oregon can receive in-network care through the following networks.

### **First Choice Health Network**

Members living in most counties in Washington can receive in-network care through First Choice Health Network. It includes thousands of doctors, hospitals and other medical providers across many specialties.

### **Private Healthcare Systems (PHCS) Network**

Members living outside of Oregon or Washington in the U.S. can see providers in the PHCS Network for in-network care. It is the largest PPO medical network nationwide, with thousands of doctors and clinics, and hundreds of hospitals, to choose from. PHCS Network gives members plenty of choice.

### **Travel network – First Health Network**

When members hit the road, care is never far away. While traveling in the U.S., but outside the network service areas, members can receive emergency or urgent care through the First Health Network, which is paid at the in-network amount. Traveling for the purpose of seeking care does not qualify for the travel network benefit.

### **Emergency care outside the U.S.**

Outside the U.S., members may access any provider for emergency care at the in-network cost-sharing amount. This care is subject to balance billing. Other care received outside the U.S. is not covered.

### **Our pharmacy network**

In-network pharmacies are contracted to offer prescriptions at agreed-upon prices. Filling a prescription at an out-of-network pharmacy may cost members more.

We also offer mail-order pharmacy services through Postal Prescription Services (PPS) and Costco.

For specialty pharmacy needs, we connect members with our exclusive specialty pharmacy provider.

# 2022 Medical plan benefit table

	Moda Select Platinum 500		Moda Select Gold 500	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
<b>Calendar year costs</b>				
Deductible per person	\$500	N/A	\$500	N/A
Deductible per family	\$1,000	N/A	\$1,000	N/A
Out-of-pocket max per person	\$3,850	N/A	\$8,700	N/A
Out-of-pocket max per family	\$7,700	N/A	\$17,400	N/A
<b>Care &amp; services</b>				
Preventive care visit	\$0/visit	Not covered	\$0/visit	Not covered
Primary care provider (PCP) visit	\$0/visit <sup>2</sup>	Not covered	\$0/visit <sup>2</sup>	Not covered
Specialist visit	\$30/visit	Not covered	\$50/visit	Not covered
Urgent care visit	\$30/visit	Not covered	\$50/visit	Not covered
Virtual care visit	\$10/visit	Not covered	\$20/visit	Not covered
Outpatient diagnostic X-ray & lab	20%	Not covered	30%	Not covered
Emergency room visit	\$250/20%/visit	\$250/20%/visit	\$300/30%/visit	\$300/30%/visit
Ambulance	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient care	20% after deductible	Not covered	30% after deductible	Not covered
Outpatient mental health/substance use disorder	\$20/visit	Not covered	\$30/visit	Not covered
Physical, speech or occupational therapy visit	\$30/visit	Not covered	\$50/visit	Not covered
Acupuncture and spinal manipulation services	\$20/visit	Not covered	\$30/visit	Not covered
Pediatric vision exam	\$20/visit	Not covered	\$30/visit	Not covered
Pediatric vision hardware	20%	Not covered	30%	Not covered
<b>Prescription medications<sup>1</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10
Preferred	\$30	\$30	\$50	\$50
Non-Preferred	50%	50%	50%	50%
Preferred Specialty	20%	Not covered	20%	Not covered
Non-Preferred Specialty	50%	Not covered	50%	Not covered
<b>Features</b>				
Metallic level	● Platinum		● Gold	
Small business healthcare tax credit eligible	No		No	
Medicare Part D creditable	Yes		Yes	
Network	Moda Select Network		Moda Select Network	
Travel network	First Health Network		First Health Network	
Service area	Clackamas, Multnomah, Washington counties		Clackamas, Multnomah, Washington counties	

Moda Select Gold 1000		Moda Select Gold 1500	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$1,000	N/A	\$1,500	N/A
\$2,000	N/A	\$3,000	N/A
\$8,700	N/A	\$8,700	N/A
\$17,400	N/A	\$17,400	N/A
\$0/visit	Not covered	\$0/visit	Not covered
\$0/visit <sup>3</sup>	Not covered	\$0/visit <sup>2</sup>	Not covered
\$60/visit	Not covered	\$50/visit	Not covered
\$60/visit	Not covered	\$50/visit	Not covered
\$30/visit	Not covered	\$20/visit	Not covered
20%	Not covered	30%	Not covered
\$300/20%/visit	\$300/20%/visit	\$300/30%/visit	\$300/30%/visit
20% after deductible	20% after deductible	30% after deductible	30% after deductible
20% after deductible	Not covered	30% after deductible	Not covered
\$40/visit	Not covered	\$30/visit	Not covered
\$60/visit	Not covered	\$50/visit	Not covered
\$40/visit	Not covered	\$30/visit	Not covered
\$40/visit	Not covered	\$30/visit	Not covered
20%	Not covered	30%	Not covered
\$2	\$2	\$2	\$2
\$10	\$10	\$10	\$10
\$60	\$60	\$50	\$50
50%	50%	50%	50%
20%	Not covered	20%	Not covered
50%	Not covered	50%	Not covered
● Gold		● Gold	
No		No	
Yes		Yes	
Moda Select Network		Moda Select Network	
First Health Network		First Health Network	
Clackamas, Multnomah, Washington counties		Clackamas, Multnomah, Washington counties	

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- 1 Copay amounts are per 30-day supply. \$75 maximum per 30-day supply for insulin.
- 2 \$30 after the first 3 visits per year age 19+
- 3 \$40 after the first 3 visits per year age 19+



# 2022 Medical plan benefit table

	Moda Select Silver 2500		Moda Select Silver 3500	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
<b>Calendar year costs</b>				
Deductible per person	\$2,500	N/A	\$3,500	N/A
Deductible per family	\$5,000	N/A	\$7,000	N/A
Out-of-pocket max per person	\$8,700	N/A	\$8,700	N/A
Out-of-pocket max per family	\$17,400	N/A	\$17,400	N/A
<b>Care &amp; services</b>				
Preventive care visit	\$0/visit	Not covered	\$0/visit	Not covered
Primary care provider (PCP) visit	\$0/visit <sup>2</sup>	Not covered	\$0/visit <sup>3</sup>	Not covered
Specialist visit	\$80/visit	Not covered	\$60/visit	Not covered
Urgent care visit	\$60/visit	Not covered	\$40/visit	Not covered
Virtual care visit	\$50/visit	Not covered	\$30/visit	Not covered
Outpatient diagnostic X-ray & lab	30%	Not covered	30%	Not covered
Emergency room visit	\$400/30%/visit	\$400/30%/visit	\$400/30%/visit	\$400/30%/visit
Ambulance	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient care	30% after deductible	Not covered	30% after deductible	Not covered
Outpatient mental health/substance use disorder	\$60/visit	Not covered	\$40/visit	Not covered
Physical, speech or occupational therapy visit	\$80/visit	Not covered	\$60/visit	Not covered
Acupuncture and spinal manipulation services	\$60/visit	Not covered	\$40/visit	Not covered
Pediatric vision exam	\$60/visit	Not covered	\$40/visit	Not covered
Pediatric vision hardware	30%	Not covered	30%	Not covered
<b>Prescription medications<sup>1</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	\$30	\$30	\$30	\$30
Preferred	\$60	\$60	\$60	\$60
Non-Preferred	50%	50%	50%	50%
Preferred Specialty	20% after deductible	Not covered	20% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>				
Metallic level	● Silver		● Silver	
Small business healthcare tax credit eligible	No		No	
Medicare Part D creditable	Yes		Yes	
Network	Moda Select Network		Moda Select Network	
Travel network	First Health Network		First Health Network	
Service area	Clackamas, Multnomah, Washington counties		Clackamas, Multnomah, Washington counties	

Moda Select Silver 4500		Moda Select Silver 5500	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$4,500	N/A	\$5,500	N/A
\$9,000	N/A	\$11,000	N/A
\$8,700	N/A	\$8,150	N/A
\$17,400	N/A	\$16,300	N/A
\$0/visit	Not covered	\$0/visit	Not covered
\$0/visit <sup>3</sup>	Not covered	\$0/visit <sup>3</sup>	Not covered
\$60/visit	Not covered	\$60/visit	Not covered
\$40/visit	Not covered	\$40/visit	Not covered
\$30/visit	Not covered	\$30/visit	Not covered
30%	Not covered	50%	Not covered
\$400/30%/visit	\$400/30%/visit	\$400/50%/visit	\$400/50%/visit
30% after deductible	30% after deductible	50% after deductible	50% after deductible
30% after deductible	Not covered	50% after deductible	Not covered
\$40/visit	Not covered	\$40/visit	Not covered
\$60/visit	Not covered	\$60/visit	Not covered
\$40/visit	Not covered	\$40/visit	Not covered
\$40/visit	Not covered	\$40/visit	Not covered
30%	Not covered	50%	Not covered
\$2	\$2	\$2	\$2
\$30	\$30	\$30	\$30
\$60	\$60	\$60	\$60
50%	50%	50%	50%
20% after deductible	Not covered	20% after deductible	Not covered
50% after deductible	Not covered	50% after deductible	Not covered
● Silver		● Silver	
No		No	
Yes		Yes	
Moda Select Network		Moda Select Network	
First Health Network		First Health Network	
Clackamas, Multnomah, Washington counties		Clackamas, Multnomah, Washington counties	

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- 1 Copay amounts are per 30-day supply. \$75 maximum per 30-day supply for insulin.
- 2 \$60 after the first 3 visits per year age 19+
- 3 \$40 after the first 3 visits per year age 19+

# 2022 Medical plan benefit table

	Moda Select Bronze 7500		Platinum 250	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
<b>Calendar year costs</b>				
Deductible per person	\$7,500	N/A	\$250	\$750
Deductible per family	\$15,000	N/A	\$500	\$1,500
Out-of-pocket max per person	\$8,550	N/A	\$3,250	\$9,750
Out-of-pocket max per family	\$17,100	N/A	\$6,500	\$19,500
<b>Care &amp; services</b>				
Preventive care visit	\$0/visit	Not covered	\$0/visit	50% after deductible
Primary care provider (PCP) visit	\$0/visit <sup>2</sup>	Not covered	\$15/visit	50% after deductible
Specialist visit	\$120/visit	Not covered	\$30/visit	50% after deductible
Urgent care visit	\$60/visit	Not covered	\$30/visit	50% after deductible
Virtual care visit	\$50/visit	Not covered	\$5/visit	50% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	Not covered	10%	50% after deductible
Emergency room visit	30% after deductible	30% after deductible	\$200/10%/visit	\$200/10%/visit
Ambulance	30% after deductible	30% after deductible	10% after deductible	10% after deductible
Inpatient/outpatient care	30% after deductible	Not covered	10% after deductible	50% after deductible
Outpatient mental health/substance use disorder	\$60/visit	Not covered	\$15/visit	50% after deductible
Physical, speech or occupational therapy visit	\$120/visit	Not covered	\$30/visit	50% after deductible
Acupuncture and spinal manipulation services	\$60/visit	Not covered	\$15/visit	50% after deductible
Pediatric vision exam	\$60/visit	Not covered	\$15/visit	50% after deductible
Pediatric vision hardware	30% after deductible	Not covered	10%	50% after deductible
<b>Prescription medications<sup>1</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	\$25	\$25	\$10	\$10
Preferred	25% after deductible	25% after deductible	\$25	\$25
Non-Preferred	50% after deductible	50% after deductible	50%	50%
Preferred Specialty	20% after deductible	Not covered	25%	Not covered
Non-Preferred Specialty	50% after deductible	Not covered	50%	Not covered
<b>Features</b>				
Metallic level	● Bronze		● Platinum	
Small business healthcare tax credit eligible	No		No	
Medicare Part D creditable	No		Yes	
Network	Moda Select Network		Connexus Network	
Travel network	First Health Network		First Health Network	
Service area	Clackamas, Multnomah, Washington counties		Statewide	

Platinum 500		Platinum No Deductible	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$500	\$1,500	\$0	\$0
\$1,000	\$3,000	\$0	\$0
\$3,250	\$9,750	\$8,550	\$25,650
\$6,500	\$19,500	\$17,100	\$51,300
\$0/visit	50% after deductible	\$0/visit	50%
\$15/visit	50% after deductible	15%	50%
\$30/visit	50% after deductible	15%	50%
\$30/visit	50% after deductible	15%	50%
\$5/visit	50% after deductible	15%	50%
10%	50% after deductible	15%	50%
\$200/10%/visit	\$200/10%/visit	\$250/15%/visit	\$250/15%/visit
10% after deductible	10% after deductible	15%	15%
10% after deductible	50% after deductible	15%	50%
\$15/visit	50% after deductible	15%	50%
\$30/visit	50% after deductible	15%	50%
\$15/visit	50% after deductible	15%	50%
\$15/visit	50% after deductible	15%	50%
10%	50% after deductible	15%	50%
\$2	\$2	\$2	\$2
\$10	\$10	15%	15%
\$25	\$25	15%	15%
50%	50%	50%	50%
25%	Not covered	50%	Not covered
50%	Not covered	50%	Not covered
<input checked="" type="radio"/> Platinum		<input checked="" type="radio"/> Platinum	
No		No	
Yes		Yes	
Connexus Network		Connexus Network	
First Health Network		First Health Network	
Statewide		Statewide	

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- 2 \$60 after the first 3 visits per year age 19+



# 2022 Medical plan benefit table

	Gold 500		Gold 1000	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
<b>Calendar year costs</b>				
Deductible per person	\$500	\$1,500	\$1,000	\$3,000
Deductible per family	\$1,000	\$3,000	\$2,000	\$6,000
Out-of-pocket max per person	\$6,750	\$20,250	\$6,750	\$20,250
Out-of-pocket max per family	\$13,500	\$40,500	\$13,500	\$40,500
<b>Care &amp; services</b>				
Preventive care visit	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) visit	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Specialist visit	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Urgent care visit	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Virtual care visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Outpatient diagnostic X-ray & lab	25%	50% after deductible	25%	50% after deductible
Emergency room visit	\$300/25%/visit	\$300/25%/visit	\$300/25%/visit	\$300/25%/visit
Ambulance	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Inpatient/outpatient care	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient mental health/substance use disorder	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Physical, speech or occupational therapy visit	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Acupuncture and spinal manipulation services	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Pediatric vision exam	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Pediatric vision hardware	25%	50% after deductible	25%	50% after deductible
<b>Prescription medications<sup>1</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10
Preferred	\$40	\$40	\$40	\$40
Non-Preferred	50%	50%	50%	50%
Preferred Specialty	25%	Not covered	25%	Not covered
Non-Preferred Specialty	50%	Not covered	50%	Not covered
<b>Features</b>				
Metallic level	● Gold		● Gold	
Small business healthcare tax credit eligible	No		No	
Medicare Part D creditable	Yes		Yes	
Network options	Connexus Network		Connexus Network	
Travel network	First Health Network		First Health Network	
Service area	Statewide		Statewide	

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1 Copay amounts are per 30-day supply. \$75 maximum per 30-day supply for insulin.

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Gold 1500		Gold 2000		Gold No Deductible	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$1,500	\$4,500	\$2,000	\$6,000	\$0	\$0
\$3,000	\$9,000	\$4,000	\$12,000	\$0	\$0
\$6,750	\$20,250	\$8,550	\$25,650	\$8,550	\$25,650
\$13,500	\$40,500	\$17,100	\$51,300	\$17,100	\$51,300
\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50%
\$30/visit	50% after deductible	\$30/visit	50% after deductible	30%	50%
\$60/visit	50% after deductible	\$60/visit	50% after deductible	30%	50%
\$30/visit	50% after deductible	\$30/visit	50% after deductible	30%	50%
\$20/visit	50% after deductible	\$20/visit	50% after deductible	30%	50%
25%	50% after deductible	25%	50% after deductible	30%	50%
\$300/25%/visit	\$300/25%/visit	\$300/25%/visit	\$300/25%/visit	\$250/30%/visit	\$250/30%/visit
25% after deductible	25% after deductible	25% after deductible	25% after deductible	30%	30%
25% after deductible	50% after deductible	25% after deductible	50% after deductible	30%	50%
\$30/visit	50% after deductible	\$30/visit	50% after deductible	30%	50%
\$60/visit	50% after deductible	\$60/visit	50% after deductible	30%	50%
\$30/visit	50% after deductible	\$30/visit	50% after deductible	30%	50%
\$30/visit	50% after deductible	\$30/visit	50% after deductible	30%	50%
25%	50% after deductible	25%	50% after deductible	30%	50%
\$2	\$2	\$2	\$2	\$2	\$2
\$10	\$10	\$10	\$10	30%	30%
\$40	\$40	\$40	\$40	30%	30%
50%	50%	50%	50%	50%	50%
25%	Not covered	25%	Not covered	50%	Not covered
50%	Not covered	50%	Not covered	50%	Not covered
● Gold		● Gold		● Gold	
No		No		No	
Yes		Yes		Yes	
Connexus Network		Connexus Network		Connexus Network	
First Health Network		First Health Network		First Health Network	
Statewide		Statewide		Statewide	

# 2022 Medical plan benefit table

	Silver 2500		Silver 3000	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
<b>Calendar year costs</b>				
Deductible per person	\$2,500	\$7,500	\$3,000	\$9,000
Deductible per family	\$5,000	\$15,000	\$6,000	\$18,000
Out-of-pocket max per person	\$8,550	\$25,650	\$8,550	\$25,650
Out-of-pocket max per family	\$17,100	\$51,300	\$17,100	\$51,300
<b>Care &amp; services</b>				
Preventive care visit	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Specialist visit	\$80/visit	50% after deductible	\$80/visit	50% after deductible
Urgent care visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Virtual care visit	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Outpatient diagnostic X-ray & lab	35%	50% after deductible	35%	50% after deductible
Emergency room visit	\$400/35%/visit	\$400/35%/visit	\$400/35%/visit	\$400/35%/visit
Ambulance	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Inpatient/outpatient care	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Outpatient mental health/substance use disorder	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Physical, speech or occupational therapy visit	\$80/visit	50% after deductible	\$80/visit	50% after deductible
Acupuncture and spinal manipulation services	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Pediatric vision exam	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Pediatric vision hardware	35%	50% after deductible	35%	50% after deductible
<b>Prescription medications<sup>1</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$20	\$20
Preferred	\$60	\$60	\$60	\$60
Non-Preferred	50%	50%	50%	50%
Preferred Specialty	25% after deductible	Not covered	25% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>				
Metallic level	● Silver		● Silver	
Small business healthcare tax credit eligible	No		No	
Medicare Part D creditable	Yes		Yes	
Network options	Connexus Network		Connexus Network	
Travel network	First Health Network		First Health Network	
Service area	Statewide		Statewide	

Silver 4000		Silver 5000	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$4,000	\$12,000	\$5,000	\$15,000
\$8,000	\$24,000	\$10,000	\$30,000
\$8,550	\$25,650	\$8,550	\$25,650
\$17,100	\$51,300	\$17,100	\$51,300
\$0/visit	50% after deductible	\$0/visit	50% after deductible
\$40/visit	50% after deductible	\$40/visit	50% after deductible
\$80/visit	50% after deductible	\$80/visit	50% after deductible
\$40/visit	50% after deductible	\$40/visit	50% after deductible
\$30/visit	50% after deductible	\$30/visit	50% after deductible
35%	50% after deductible	35%	50% after deductible
\$400/35%/visit	\$400/35%/visit	\$400/35%/visit	\$400/35%/visit
35% after deductible	35% after deductible	35% after deductible	35% after deductible
35% after deductible	50% after deductible	35% after deductible	50% after deductible
\$40/visit	50% after deductible	\$40/visit	50% after deductible
\$80/visit	50% after deductible	\$80/visit	50% after deductible
\$40/visit	50% after deductible	\$40/visit	50% after deductible
\$40/visit	50% after deductible	\$40/visit	50% after deductible
35%	50% after deductible	35%	50% after deductible
\$2	\$2	\$2	\$2
\$20	\$20	\$20	\$20
\$60	\$60	\$60	\$60
50%	50%	50%	50%
25% after deductible	Not covered	25% after deductible	Not covered
50% after deductible	Not covered	50% after deductible	Not covered
● Silver		● Silver	
No		No	
Yes		Yes	
Connexus Network		Connexus Network	
First Health Network		First Health Network	
Statewide		Statewide	

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<sup>1</sup> Copay amounts are per 30-day supply. \$75 maximum per 30-day supply for insulin.



# 2022 Medical plan benefit table

	Bronze 5500		Bronze 8550	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
<b>Calendar year costs</b>				
Deductible per person	\$5,500	\$16,500	\$8,550	\$25,650
Deductible per family	\$11,000	\$33,000	\$17,100	\$51,300
Out-of-pocket max per person	\$8,550	\$25,650	\$8,550	\$25,650
Out-of-pocket max per family	\$17,100	\$51,300	\$17,100	\$51,300
<b>Care &amp; services</b>				
Preventive care visit	\$0/visit	50% after deductible	\$0/visit	0% after deductible
Primary care provider (PCP) visit	\$60/visit	50% after deductible	0% after deductible	0% after deductible
Specialist visit	\$120/visit	50% after deductible	0% after deductible	0% after deductible
Urgent care visit	\$60/visit	50% after deductible	0% after deductible	0% after deductible
Virtual care visit	\$50/visit	50% after deductible	0% after deductible	0% after deductible
Outpatient diagnostic X-ray & lab	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Emergency room visit	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Ambulance	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient care	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Outpatient mental health/substance use disorder	\$60/visit	50% after deductible	0% after deductible	0% after deductible
Physical, speech or occupational therapy visit	\$120/visit	50% after deductible	0% after deductible	0% after deductible
Acupuncture and spinal manipulation services	\$60/visit	50% after deductible	0% after deductible	0% after deductible
Pediatric vision exam	\$60/visit	50% after deductible	0% after deductible	0% after deductible
Pediatric vision hardware	50% after deductible	50% after deductible	0% after deductible	0% after deductible
<b>Prescription medications<sup>1</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	\$25	\$25	0% after deductible	0% after deductible
Preferred	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Non-Preferred	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Preferred Specialty	50% after deductible	Not covered	0% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	Not covered	0% after deductible	Not covered
<b>Features</b>				
Metallic level	● Bronze		● Bronze	
Small business healthcare tax credit eligible	No		No	
Medicare Part D creditable	No		No	
Network options	Connexus Network		Connexus Network	
Travel network	First Health Network		First Health Network	
Service area	Statewide		Statewide	

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1 Copay amounts are per 30-day supply. \$75 maximum per 30-day supply for insulin.  
2 \$500 maximum per 30-day specialty prescription fill

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Moda Health Oregon Standard Gold		Moda Health Oregon Standard Silver		Moda Health Oregon Standard Bronze	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$1,500	\$4,500	\$3,650	\$10,950	\$8,700	\$26,100
\$3,000	\$9,000	\$7,300	\$21,900	\$17,400	\$52,200
\$7,300	\$21,900	\$8,550	\$25,650	\$8,700	\$26,100
\$14,600	\$43,800	\$17,100	\$51,300	\$17,400	\$52,200
\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	0% after deductible
\$20/visit	50% after deductible	\$40/visit	50% after deductible	\$50/visit	0% after deductible
\$40/visit	50% after deductible	\$80/visit	50% after deductible	\$100/visit	0% after deductible
\$60/visit	50% after deductible	\$70/visit	50% after deductible	\$100/visit	0% after deductible
\$20/visit	50% after deductible	\$40/visit	50% after deductible	\$50/visit	0% after deductible
20% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
20% after deductible	20% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
20% after deductible	20% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
20% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
\$20/visit	50% after deductible	\$40/visit	50% after deductible	\$50/visit	0% after deductible
\$20/visit	50% after deductible	\$40/visit	50% after deductible	\$50/visit	0% after deductible
\$20/visit	50% after deductible	\$40/visit	50% after deductible	\$50/visit	0% after deductible
0%/visit	50% after deductible	\$0/visit	50% after deductible	0%/visit	0% after deductible
0%	50% after deductible	\$0	50% after deductible	0%	0% after deductible
\$10	\$10	\$15	\$15	\$20	\$20
\$10	\$10	\$15	\$15	\$20	\$20
\$30	\$30	\$60	\$60	0% after deductible	0% after deductible
50%	50%	50%	50%	0% after deductible	0% after deductible
50% <sup>2</sup>	Not covered	50%	Not covered	0% after deductible	Not covered
50% <sup>2</sup>	Not covered	50%	Not covered	0% after deductible	Not covered
● Gold		● Silver		● Bronze	
No		No		No	
Yes		Yes		No	
Connexus Network		Connexus Network		Connexus Network	
First Health Network		First Health Network		First Health Network	
Statewide		Statewide		Statewide	

# Tax advantages with an HDHP

Our HSA-compatible PPO and EPO HDHPs give members flexibility and choice. Members have the freedom to choose any financial institution for their HSA. They can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

## Calendar year costs

### Deductible

If members have subscriber-only coverage, they must meet the per-person deductible. If their plans covers more than one person, they must meet the per person deductible only until the total family deductible is satisfied before benefits are payable.\*

### Out-of-pocket maximum

After members meet the per-person or per-family out-of-pocket maximum, the plan pays 100% of covered care for the remainder of the year. If their plan covers more than one person, the per-person maximum applies only until the total family out-of-pocket maximum is reached.

### HSA Administration

We partner with subsidiary company BenefitHelp Solutions to offer HSA administration for an additional fee.

HSA services include:

- Online member portal and mobile app
- HSA debit cards issued to all members
- Investment guidance tools and a suite of investment options
- Annual tax document preparation

## Eligibility

When clients offer a Moda Health HDHP, any of their eligible employees can enroll, even if they do not have an HSA.

To be eligible to participate in an HSA, members must:

- Use a financial institution that has an HSA option
- Be covered by a Moda Health HDHP. See these plans on page 22:
  - Connexus Gold HDHP 3000
  - Connexus Silver HDHP 3000
  - Connexus Bronze HDHP 6000
- Not be covered under another non-HSA-compatible medical plan (including their spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

*\*On aggregate plan, members must meet the entire family deductible before benefits are payable.*



# 2022 Medical HDHP plan benefit table

	Moda Select Silver HDHP 2000 <sup>1</sup>		Moda Select Bronze HDHP 5500	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
<b>Calendar year costs</b>				
Deductible per person	\$2,000	N/A	\$5,500	N/A
Deductible per family	\$4,000	N/A	\$11,000	N/A
Out-of-pocket max per person	\$6,750	N/A	\$7,000	N/A
Out-of-pocket max per family	\$13,500	N/A	\$14,000	N/A
<b>Care &amp; services</b>				
Preventive care visit	\$0/visit	Not covered	\$0/visit	Not covered
Primary care provider (PCP) visit	30% after deductible	Not covered	50% after deductible	Not covered
Specialist visit	30% after deductible	Not covered	50% after deductible	Not covered
Urgent care visit	30% after deductible	Not covered	50% after deductible	Not covered
Virtual care visit	30% after deductible	Not covered	50% after deductible	Not covered
Outpatient diagnostic X-ray & lab	30% after deductible	Not covered	50% after deductible	Not covered
Emergency room visit	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Ambulance	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Inpatient/outpatient care	30% after deductible	Not covered	50% after deductible	Not covered
Outpatient mental health/substance use disorder	30% after deductible	Not covered	50% after deductible	Not covered
Physical, speech or occupational therapy visit	30% after deductible	Not covered	50% after deductible	Not covered
Acupuncture and spinal manipulation services	30% after deductible	Not covered	50% after deductible	Not covered
Pediatric vision exam	30% after deductible	Not covered	50% after deductible	Not covered
Pediatric vision hardware	30% after deductible	Not covered	50% after deductible	Not covered
<b>Prescription medications<sup>1</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	\$25 after deductible	\$25 after deductible	50% after deductible	50% after deductible
Preferred	35% after deductible	35% after deductible	50% after deductible	50% after deductible
Non-Preferred	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Preferred Specialty	20% after deductible	Not covered	20% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>				
Metallic level	● Silver		● Bronze	
Small business healthcare tax credit eligible	No		No	
Medicare Part D creditable	No		No	
Network	Moda Select Network		Moda Select Network	
Travel network	First Health Network		First Health Network	
Service area	Clackamas, Multnomah, Washington counties		Clackamas, Multnomah, Washington counties	



# 2022 Medical HDHP plan benefit table

	Silver HDHP 3000		Bronze HDHP 6000	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
<b>Calendar year costs</b>				
Deductible per person	\$3,000	\$9,000	\$6,000	\$18,000
Deductible per family	\$6,000	\$18,000	\$12,000	\$36,000
Out-of-pocket max per person	\$6,000	\$18,000	\$6,900	\$20,700
Out-of-pocket max per family	\$12,000	\$36,000	\$13,800	\$41,400
<b>Care &amp; services</b>				
Preventive care visit	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) visit	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialist visit	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Urgent care visit	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Virtual care visit	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Emergency room visit	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Ambulance	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Inpatient/outpatient care	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient mental health/substance use disorder	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Physical, speech or occupational therapy visit	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Acupuncture and spinal manipulation services	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Pediatric vision exam	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Pediatric vision hardware	30% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Prescription medications<sup>1</sup></b>				
Value	\$2	\$2	\$2	\$2
Select	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Preferred	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Non-Preferred	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Preferred Specialty	40% after deductible	Not covered	50% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>				
Metallic level	● Silver		● Bronze	
Small business healthcare tax credit eligible	No		No	
Medicare Part D creditable	No		No	
Network	Connexus Network		Connexus Network	
Travel network	First Health Network		First Health Network	
Service area	Statewide		Statewide	

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1 Copay amounts are per 30-day supply. \$75 maximum per 30-day supply for insulin.

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# Bringing it all into **focus**

Seeing is believing when it comes to better health. These medical plan riders ensure that your clients can focus on feeling and staying well. Our vision plans are available to members age 19 and over.

## Vision plans

	Vision \$200 Max	Vision \$300 Max	Vision \$400 Max
Benefit maximum	\$200	\$300	\$400
	What members pay		
Eye examinations (including refraction)	0%	0%	0%
Lenses	0%	0%	0%
Frames	0%	0%	0%

*This is a summary of the health plan vision benefits and is not a contract; limitations and exclusions apply. See the medical plan benefit summaries, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.*

# Quality coverage for your *smile*

Healthy teeth are happy teeth. With our small group Delta Dental Plan of Oregon plans, your clients have access to Delta Dental, the nation's largest dental network, wherever their employees go.

## Dental benefit highlights

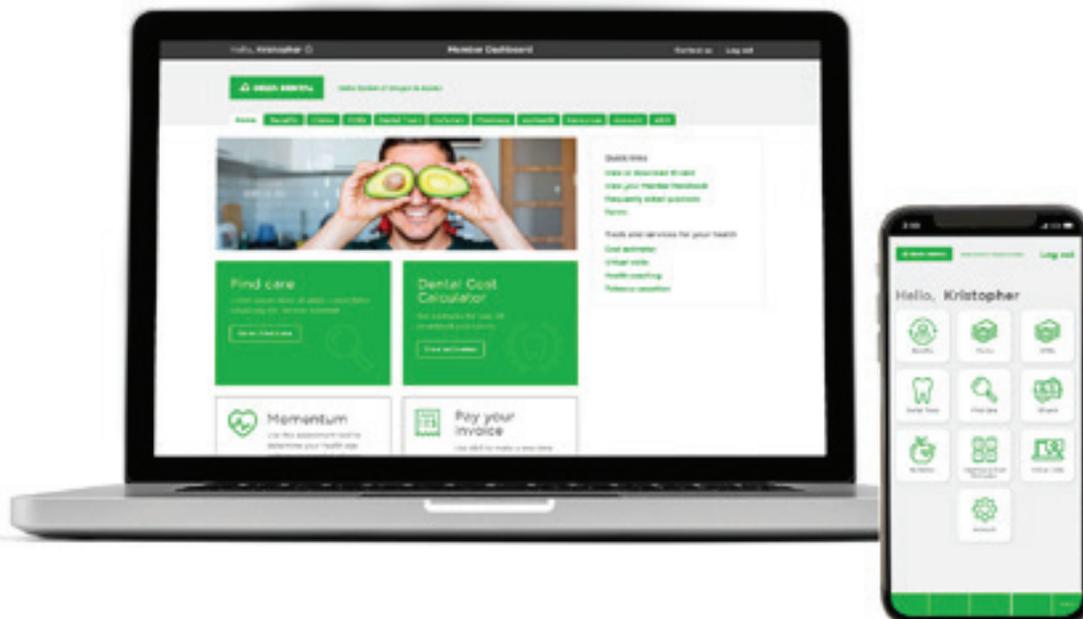
Our Delta Dental Plan of Oregon plans connect members with great benefits and quality in-network dentists. They can count on:

- Savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Fast and accurate claims payment
- Superior customer service

Our dental plans also include useful online tools, resources and special programs for members who need a little extra attention for their pearly whites.

## Dental tools

Members can use our dental tools to manage their dental health easily, in one online location – the Member Dashboard. The Member Dashboard gives members access to tools to help manage their dental health such as procedure cost calculators and risk self-assessments.



# Delta Dental networks go where *members go*

Each Delta Dental Plan of Oregon plan comes with a Delta Dental network. It includes thousands of dentists across the state, and the country.

## **Delta Dental Premier® Network**

This is the largest dental network nationally and the largest in Oregon. It includes more than 2,400 providers in Oregon and over 154,000 Delta Dental Premier dentists nationwide.

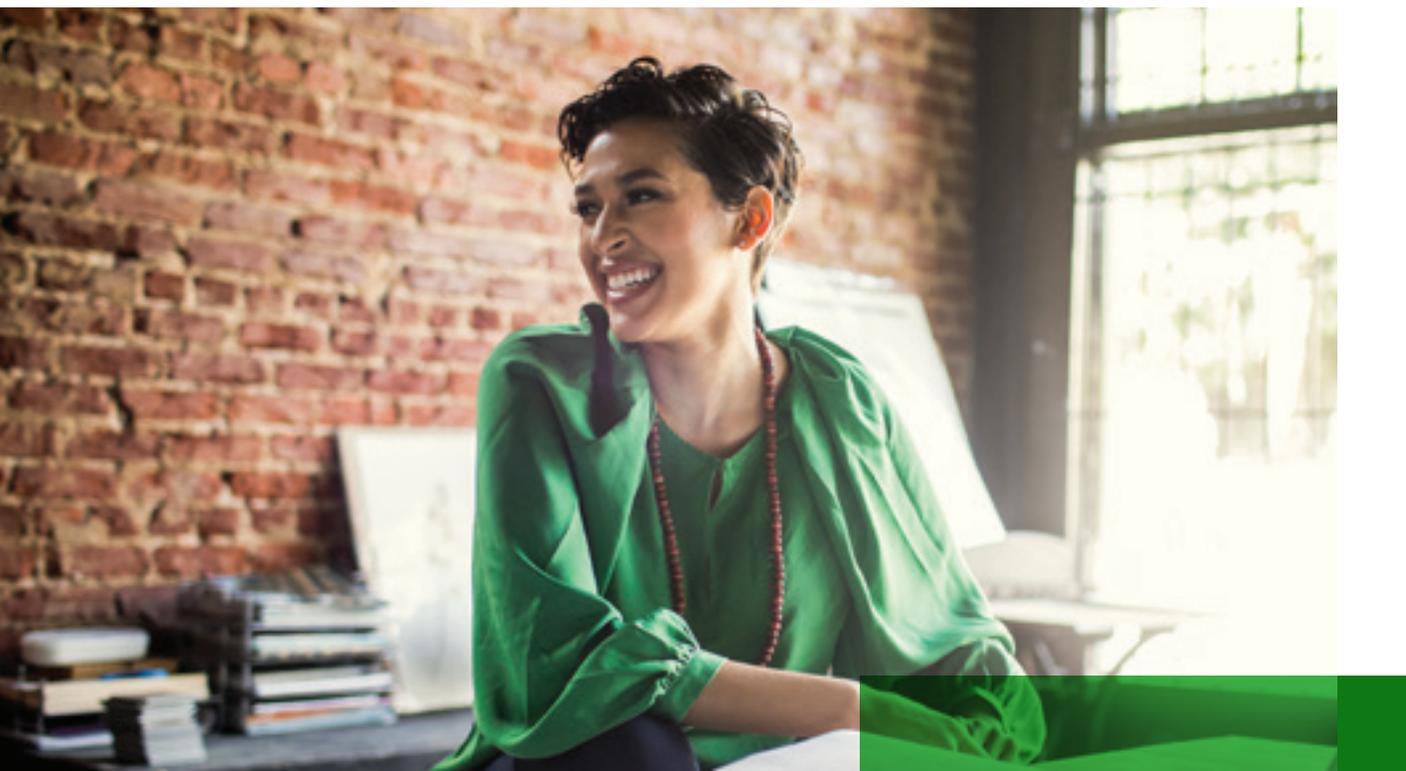
## **Delta Dental PPO<sup>SM</sup> Network**

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes

more than 1,300 participating providers in Oregon and offers access to over 113,000 Delta Dental PPO dentists nationwide.

## **Is a dentist in-network?**

To find out, members can log in to their Member Dashboard or visit [deltadentalOR.com](http://deltadentalOR.com) and use Find Care.



# Customize your coverage

Choose from our Delta Dental Plan of Oregon plans. We offer a variety of plans so your clients can find the right fit for their groups. They can customize the coverage and price to meet their needs.

Delta Dental Plan of Oregon small group plans come with a Direct Option plan match with access to Willamette Dental providers for qualifying groups. These plans work well for employees that prefer copay plans and are open to seeing Willamette Dental providers. Members who choose a Direct Option plan must see Willamette Dental providers for dental care.

## Get more value with Delta Dental

By negotiating charges for services, we help your clients' employees save on out-of-pocket costs.

Members with a Delta Dental PPO plan save the most when they see providers in our Delta Dental PPO Network. Those with a Delta Dental Premier plan save costs by seeing dentists in the Premier Network.

Delta Dental dentists have agreed to accept our contracted fees as full payment. This means they don't balance bill – the difference between the maximum plan allowance and out-of-network dentist fees. If members see providers outside the network, they may pay more for care.

## Delta Dental Premier® plans

Premier plans offer group members access to the Delta Dental Premier Network, the largest dental network nationally and one of the largest in Oregon. Almost 90% of dentists participate.

Groups with these plans give their employees the freedom to choose their own dentist. When they see Premier Network providers, there is no balance billing and they enjoy:

- A broad choice of providers
- Cost savings by seeing a Premier Network provider

## Delta Dental PPO<sup>SM</sup> plans

These plans help groups save costs by connecting employees with providers in the Delta Dental PPO Network, one of the largest PPO networks in Oregon. Almost 50% of Oregon dentists are PPO providers.

Dentists agree to accept the Delta Dental PPO Network fee schedule, which is typically lower than other networks.

Members with PPO plans have more choice and control over their out-of-pocket costs. When they use Delta Dental PPO dentists, they receive their plan's best benefit level and enjoy the most savings. If they wish, members can also use out-of-network providers at a reduced benefit level.

As long as members see participating dentists, there will be no additional balance billing charge.

Advantages to the Delta Dental PPO plans include:

- Access to one of the largest PPO networks in Oregon
- Provider choice and cost control

## Delta Dental EPO plans

These plans give your clients and their employees a high level of benefits but members must see Delta Dental PPO contracted providers to receive benefits. This exclusive provider option does not pay for services provided from a Premier or nonparticipating dentist. Care from providers outside this network is not covered, except for emergency services.

## Preventive First plans

These plans provide an option for your clients to help their employees prevent serious and expensive dental services down the road. Under these plans, preventive services do not apply to the member's annual maximum. By saving on preventive care, members can use their annual maximum for other services.

## Delta Dental Direct Option with Willamette Dental Group

We partner with Willamette Dental Group and offer a Direct Option plan that includes a network of Willamette Dental Group

providers. We manage the enrollment, billing, claims and customer service for both plans making administration easy for everyone. Check the Direct Option table on page 44 to see the matches.

## Delta Dental pediatric plan

Our Delta Dental Premier Shining Smiles<sup>SM</sup> pediatric plan offers child-only benefits and meets the federal pediatric essential health benefits (EHB) requirement.

Groups can offer this plan to their employees even if no one enrolls right away.

## Voluntary plans

Delta Dental and Direct Option voluntary plans offer the same great value and variety as our other plans, but allow flexible group contribution and participation. Groups can elect to fund plans up to 100% by employees. Voluntary plans provide:

- Versatility to attract and retain staff
- Choice of Delta Dental or Direct Option (Willamette Dental) plans

# 2022 Dental plan benefit table

	Delta Dental Premier <sup>®</sup> , 1000, 100*/80/50, 50 Delta Dental Premier <sup>®</sup> , 1500, 100*/80/50, 25 Delta Dental Premier <sup>®</sup> , 1500, 100*/80/50, 50 Delta Dental Premier <sup>®</sup> , 2000, 100*/80/50, 50		Delta Dental Premier <sup>®</sup> , 1000, 80/80/50, 50	
<b>Calendar year costs</b>				
Deductible	\$25 per person / \$75 per family or \$50 per person / \$150 per family		\$50 per person / \$150 per family	
Out-of-pocket maximum (under age 19)	\$375 for one member; \$750 for two or more members		\$375 for one member; \$750 for two or more members	
Annual maximum (age 19+)	\$1,000   \$1,500   \$2,000		\$1,000	
Minimum number of subscribers	10 for \$2,000 plans		N/A	
<b>Class 1</b>	What employees pay		What employees pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
Exams & X-rays	10%	0%	10%	20% after deductible
Cleanings	10%	0%	10%	20% after deductible
Sealants	10%	0%	10%	20% after deductible
Topical fluoride	10%	0% <sup>1</sup>	10%	20% after deductible <sup>1</sup>
Space maintainers	10%	Not covered	10%	Not covered
<b>Class 2</b>				
Restorative fillings	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Oral surgery	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Endodontics	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Periodontics	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Anesthesia	30% after deductible	20% after deductible	30% after deductible	20% after deductible
<b>Class 3</b>				
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial & complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants & bridges	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>				
Provider network	Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: no Nonparticipating dentists: yes		Delta Dental Premier Network: no Nonparticipating dentists: yes	
Direct Option plan match	Direct Option 5I-IK (\$1,000) Direct Option 5I-IK (\$1,500, 25   \$2,000) Direct Option 3I-IK (\$1500, 50)		Direct Option 7I-IK	

\* Deductible waived for Class 1 services

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip for ages under 19.

Delta Dental EPO, 1000, 100\*/80/50, 50  
 Delta Dental EPO, 1500, 100\*/80/50, 50

\$50 per person / \$150 family

\$375 for one member;  
 \$750 for two or more members

\$1,000 | \$1,500

N/A

In-network, employees pay		Out-of-network, employees pay	
Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
0%	0%	Not covered	
0%	0%	Not covered	
0%	0%	Not covered	
0%	0% <sup>1</sup>	Not covered	
0%	Not covered	Not covered	
40% after deductible	20% after deductible	Not covered	
40% after deductible	20% after deductible	Not covered	
40% after deductible	20% after deductible	Not covered	
40% after deductible	20% after deductible	Not covered	
40% after deductible	20% after deductible	Not covered	
50% after deductible	50% after deductible	Not covered	
50% after deductible	50% after deductible	Not covered	
Not covered	50% after deductible	Not covered	
50% after deductible	Not covered	Not covered	
Delta Dental PPO Network		All other providers	
Delta Dental PPO Network: no		Yes	

Direct Option 7I-IK (\$1,000)  
 Direct Option 5I-IK (\$1,500)

*Limitations and exclusions apply; see the handbook or contract for details. These benefits and Delta Dental Plan of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.*

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# 2022 Dental plan benefit table

Delta Dental PPO <sup>SM</sup> , 1000A, 100*/90/50, 50 Delta Dental PPO <sup>SM</sup> , 1500A, 100*/90/50, 50				
<b>Calendar year costs</b>				
Deductible (under age 19)	\$25 per person / \$75 per family or \$50 per person / \$150 per family			
Out-of-pocket maximum (under age 19)	\$375 for one member; \$750 for two or more members (in-network only)			
Annual maximum (age 19+)	\$1,000   \$1,500			
Minimum number of subscribers	N/A			
Class 1	In-network, employees pay		Out-of-network, employees pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
Exams & X-rays	0%	0%	20%	10%
Cleanings	0%	0%	20%	10%
Sealants	0%	0%	20%	10%
Topical fluoride	0%	0% <sup>1</sup>	20%	10% <sup>1</sup>
Space maintainers	0%	Not covered	20%	Not covered
Class 2				
Restorative fillings	40% after deductible	10% after deductible	40% after deductible	30% after deductible
Oral surgery	40% after deductible	10% after deductible	40% after deductible	30% after deductible
Endodontics	40% after deductible	10% after deductible	40% after deductible	30% after deductible
Periodontics	40% after deductible	10% after deductible	40% after deductible	30% after deductible
Anesthesia	40% after deductible	10% after deductible	40% after deductible	30% after deductible
Class 3				
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial & complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants & bridges	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered
Features				
Provider network	Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating: yes	
Direct Option plan match	Direct Option 5I-IK (\$1,000) Direct Option 3I-IK (\$1,500)			

\* Deductible waived for Class 1 services

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip for ages under 19.

Delta Dental PPO<sup>SM</sup>, 1000B, 100\*/80/50, 50  
 Delta Dental PPO<sup>SM</sup>, 1500B, 100\*/80/50, 50  
 Delta Dental PPO<sup>SM</sup>, 2000B, 100\*/80/50, 50

\$25 per person / \$75 per family or \$50 per person / \$150 per family

\$375 for one member; \$750 for two or more members (in-network only)

\$1,000 | \$1,500 | \$2,000

10 for \$2,000 plans

In-network, employees pay		Out-of-network, employees pay	
Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
0%	0%	20%	10%
0%	0%	20%	10%
0%	0%	20%	10%
0%	0% <sup>1</sup>	20%	10% <sup>1</sup>
0%	Not covered	20%	Not covered
40% after deductible	20% after deductible	40% after deductible	30% after deductible
40% after deductible	20% after deductible	40% after deductible	30% after deductible
40% after deductible	20% after deductible	40% after deductible	30% after deductible
40% after deductible	20% after deductible	40% after deductible	30% after deductible
40% after deductible	20% after deductible	40% after deductible	30% after deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible
Not covered	50% after deductible	Not covered	50% after deductible
50% after deductible	Not covered	50% after deductible	Not covered
Delta Dental PPO Network		All other providers	
Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating: yes	

Direct Option 5I-IK (\$1,000)  
 Direct Option 3I-IK (\$1,500 | \$2,000)

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# 2022 Dental plan benefit table

	Delta Dental PPO <sup>SM</sup> , 1000, 100*/80/50, 50 Delta Dental PPO <sup>SM</sup> , 1500, 100*/80/50, 50			
Calendar year costs				
Deductible (under age 19)	\$50 per person / \$150 per family			
Out-of-pocket maximum (under age 19)	\$375 for one member; \$750 for two or more members (in-network only)			
Annual maximum (age 19+)	\$1,000   \$1,500			
Minimum number of subscribers	N/A			
Class 1	In-network, employees pay		Out-of-network, employees pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
Exams & X-rays	0%	0%	20%	20%
Cleanings	0%	0%	20%	20%
Sealants	0%	0%	20%	20%
Topical fluoride	0%	0% <sup>1</sup>	20%	20% <sup>1</sup>
Space maintainers	0%	Not covered	20%	Not covered
Class 2				
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Oral surgery	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Anesthesia	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Class 3				
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial & complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants & bridges	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered
Features				
Provider network	Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating dentists: yes	
Direct Option plan match	Direct Option 5I-IK (\$1,000) Direct Option 3I-IK (\$1,500)			

\* Deductible waived for Class 1 services

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip for ages under 19.

Delta Dental Premier® Shining Smiles		Delta Dental Premier®, PF, 1000, 100*/80/50, 50 Delta Dental Premier® PF, 1500, 100*/80/50, 50	
\$50 per person / \$150 per family		\$50 per person / \$150 family	
\$375 for one member; \$750 for two or more members		\$375 for one member / \$750 for two or more members	
NA		\$1,000   \$1,500 Class 1 does not apply to max	
NA		N/A	
What employees pay		In-network, employees pay	
Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
10%	Not covered	10%	0%
10%	Not covered	10%	0%
10%	Not covered	10%	0%
10%	Not covered	10%	0% <sup>1</sup>
10%	Not covered	10%	Not covered
30% after deductible	Not covered	30% after deductible	20% after deductible
30% after deductible	Not covered	30% after deductible	20% after deductible
30% after deductible	Not covered	30% after deductible	20% after deductible
30% after deductible	Not covered	30% after deductible	20% after deductible
30% after deductible	Not covered	30% after deductible	20% after deductible
50% after deductible	Not covered	50% after deductible	50% after deductible
50% after deductible	Not covered	50% after deductible	50% after deductible
Not covered	Not covered	Not covered	50% after deductible
50% after deductible <sup>1</sup>	Not covered	50% after deductible	Not covered
Delta Dental Premier Network		Delta Dental Premier Network	
Delta Dental Premier Network: no Nonparticipating dentists: yes		Delta Dental Premier Network: no Nonparticipating dentists: yes	
N/A		Direct Option 3I-IK (\$1,000) Direct Option 1I-IK (\$1,500)	

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# 2022 Dental plan benefit table

	Delta Dental PPO <sup>SM</sup> , 1000A, 100*/90/50, 50 PF <sup>3</sup> Delta Dental PPO <sup>SM</sup> , 1500A, 100*/90/50, 50 PF <sup>3</sup>			
<b>Calendar year costs</b>				
Deductible (under age 19)	\$50 per person / \$150 family			
Out-of-pocket maximum (under age 19)	\$375 for one member / \$750 for two or more members (in-network only)			
Annual maximum (age 19+)	\$1,000   \$1,500 Class 1 does not apply to max			
Minimum number of subscribers	N/A			
Class 1	In-network, employees pay		Out-of-network, employees pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
Exams & X-rays	0%	0%	20%	10%
Cleanings	0%	0%	20%	10%
Sealants	0%	0%	20%	10%
Topical fluoride	0%	0% <sup>1</sup>	20%	10% <sup>1</sup>
Space maintainers	0%	Not covered	20%	Not covered
Class 2				
Restorative fillings	40% after deductible	10% after deductible	40% after deductible	30% after deductible
Oral surgery	40% after deductible	10% after deductible	40% after deductible	30% after deductible
Endodontics	40% after deductible	10% after deductible	40% after deductible	30% after deductible
Periodontics	40% after deductible	10% after deductible	40% after deductible	30% after deductible
Anesthesia	40% after deductible	10% after deductible	40% after deductible	30% after deductible
Class 3				
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial & complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants & bridges	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered
Features				
Provider network	Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating dentists: yes	
Direct Option plan match	Direct Option 5I-IK (\$1,000) Direct Option 3I-IK (\$1,500)			

\* Deductible waived for Class 1 services

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip for ages under 19.

<sup>3</sup> Class 1 services do not apply to annual maximum

Delta Dental PPO<sup>SM</sup>, 1000B, 100\*/80/50, 50 PF<sup>3</sup>  
Delta Dental PPO<sup>SM</sup>, 1500B, 100\*/80/50, 50 PF<sup>3</sup>

\$50 per person / \$150 family

\$375 for one member / \$750 for two or more members  
(in-network only)

\$1,000 | \$1,500  
Class 1 does not apply to max

N/A

In-network, employees pay		Out-of-network, employees pay	
Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
0%	0%	20%	10%
0%	0%	20%	10%
0%	0%	20%	10%
0%	0% <sup>1</sup>	20%	10% <sup>1</sup>
0%	Not covered	20%	Not covered
40% after deductible	20% after deductible	40% after deductible	30% after deductible
40% after deductible	20% after deductible	40% after deductible	30% after deductible
40% after deductible	20% after deductible	40% after deductible	30% after deductible
40% after deductible	20% after deductible	40% after deductible	30% after deductible
40% after deductible	20% after deductible	40% after deductible	30% after deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible
Not covered	50% after deductible	Not covered	50% after deductible
50% after deductible	Not covered	50% after deductible	Not covered
Delta Dental PPO Network		All other providers	
Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating dentists: yes	

Direct Option 5I-IK (\$1,000)  
Direct Option 3I-IK (\$1,500)

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# 2022 Dental plan benefit table

	Delta Dental PPO <sup>SM</sup> , 1000, 100*/80/50, 50 PF <sup>3</sup> Delta Dental PPO <sup>SM</sup> , 1500, 100*/80/50, 50 PF <sup>3</sup>			
<b>Calendar year costs</b>				
Deductible (under age 19)	\$50 per person / \$150 family			
Out-of-pocket maximum (under age 19)	\$375 for one member / \$750 for two or more members (in-network only)			
Annual maximum (age 19+)	\$1,000   \$1,500 Class 1 does not apply to max			
Minimum number of subscribers	N/A			
Class 1	In-network, employees pay		Out-of-network, employees pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
Exams & X-rays	0%	0%	20%	20%
Cleanings	0%	0%	20%	20%
Sealants	0%	0%	20%	20%
Topical fluoride	0%	0% <sup>1</sup>	20%	20% <sup>1</sup>
Space maintainers	0%	Not covered	20%	Not covered
Class 2				
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Oral surgery	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Anesthesia	40% after deductible	20% after deductible	40% after deductible	40% after deductible
Class 3				
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial & complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants & bridges	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered
Features				
Provider network	Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating dentists: yes	
Direct Option plan match	Direct Option 5I-IK (\$1,000) Direct Option 3I-IK (\$1,500)			

\* Deductible waived for Class 1 services

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip for ages under 19.

<sup>3</sup> Class 1 services do not apply to annual maximum

Delta Dental PPO<sup>SM</sup> MAC, 1500, 100\*/60/50, 50

\$50 per person / \$150 family

\$375 for one member / \$750 for two or more members  
(in-network only)

\$1,500

N/A

In-network, employees pay		Out-of-network, employees pay	
Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
0%	0%	20%	20%
0%	0%	20%	20%
0%	0%	20%	20%
0%	0% <sup>1</sup>	20%	20% <sup>1</sup>
20%	Not covered	20%	Not covered
40% after deductible	40% after deductible	40% after deductible	50% after deductible
40% after deductible	40% after deductible	40% after deductible	50% after deductible
40% after deductible	40% after deductible	40% after deductible	50% after deductible
40% after deductible	40% after deductible	40% after deductible	50% after deductible
40% after deductible	40% after deductible	40% after deductible	50% after deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible
Not covered	50% after deductible	Not covered	50% after deductible
50% after deductible <sup>2</sup>	Not covered	50% after deductible <sup>2</sup>	Not covered
Delta Dental PPO Network	All other providers		
Delta Dental PPO dentists: no	Delta Dental Premier dentists: yes Nonparticipating: yes		

Direct Option 71-IK

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# Delta Dental orthodontia plans

If your client has at least 15 enrolled employees, help them freshen up their smiles with orthodontic care. These dental plan riders close the gap on happier teeth.

## Orthodontia plans

	Child Ortho 1000	Child Ortho 1500	Adult & Child Ortho 1000	Adult & Child Ortho 1500
Lifetime maximum	\$1,000	\$1,500	\$1,000	\$1,500
	What members pay			
Members age 19+	Not covered	Not covered	50%	50%
Members under age 19	50% <sup>1</sup>	50% <sup>1</sup>	50%	50%

<sup>1</sup> Treatment must start prior to child's 17th birthday.



# 2022 Direct Option plan benefit table

	Direct Option 1I-1IK	
	Under age 19, members pay	Ages 19+, members pay
Annual maximum	No annual maximum	No annual maximum
Deductible	No deductible	No deductible
Annual out-of-pocket limit	\$375 – 1 child \$750 – 2 or more children	Not applicable
General office visit	\$15 per visit	\$15 per visit
<b>Diagnostic &amp; preventive services</b>		
Routine and emergency exams	Covered with the office visit copay	Covered with the office visit copay
Routine X-rays	Covered with the office visit copay	Covered with the office visit copay
Teeth cleaning	Covered with the office visit copay	Covered with the office visit copay
Fluoride treatment	Covered with the office visit copay	Covered with the office visit copay
Sealants (per tooth)	Covered with the office visit copay	Covered with the office visit copay
Head and neck cancer screening	Covered with the office visit copay	Covered with the office visit copay
Oral hygiene instruction	Covered with the office visit copay	Covered with the office visit copay
Periodontal charting	Covered with the office visit copay	Covered with the office visit copay
Periodontal evaluation	Covered with the office visit copay	Covered with the office visit copay
<b>Restorative dentistry &amp; prosthodontics</b>		
Fillings	\$15	\$15
Porcelain-metal crown	\$100	\$100
Complete upper or lower denture	\$75	\$75
Bridge (per tooth)	\$100	\$100
Dental implant surgery	You pay charges in excess of \$1,500*	You pay charges in excess of \$1,500*
<b>Endodontics &amp; periodontics</b>		
Root canal therapy – anterior	\$100	\$100
Root canal therapy – bicuspid	\$125	\$125
Root canal therapy – molar	\$175	\$175
Osseous surgery (per quadrant)	\$75	\$75
Root planing (per quadrant)	\$75	\$75
<b>Oral surgery</b>		
Routine extraction (single tooth)	\$15	\$15
Surgical extraction	\$75	\$75
<b>Orthodontia treatment</b>		
Pre-orthodontia services	\$150**	\$150**
Comprehensive orthodontic services	\$2,400***	\$2,400
<b>Miscellaneous</b>		
Local anesthesia	Covered with the office visit copay	Covered with the office visit copay
Dental lab fees	Covered with the office visit copay	Covered with the office visit copay
Nitrous oxide	\$40	\$40
Specialty office visit	\$30	\$30
Out-of-area emergency care reimbursement	You pay charges in excess of \$100	You pay charges in excess of \$100

### Direct Option 3I-3IK

Under age 19, members pay	Ages 19+, members pay
No annual maximum	No annual maximum
No deductible	No deductible
\$375 – 1 child \$750 – 2 or more children	Not applicable
\$15 per visit	\$15 per visit
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
\$20	\$20
\$150	\$150
\$150	\$150
\$150	\$150
You pay charges in excess of \$1,500*	You pay charges in excess of \$1,500*
\$125	\$125
\$175	\$175
\$225	\$225
\$150	\$150
\$120	\$120
\$20	\$20
\$120	\$120
\$150**	\$150**
\$2,800***	\$2,800
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
\$40	\$40
\$30	\$30
You pay charges in excess of \$100	You pay charges in excess of \$100

*These benefits and Delta Dental Plan of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.*

*\*Limited to one dental implant surgery per calendar year.*

*\*\*Copayment credited towards the Comprehensive Orthodontic Service copayment if patient accepts treatment plan.*

*\*\*\*Copayment for Comprehensive Orthodontic Services provided for treatment of cleft palate with or without cleft lip is \$350 for members under age 19. Orthodontic Services for all other purposes are not included in the annual out-of-pocket limit.*



# 2022 Direct Option plan benefit table

	Direct Option 5I-5IK	
	Under age 19, members pay	Ages 19+, members pay
Annual maximum	No annual maximum	No annual maximum
Deductible	No deductible	No deductible
Annual out-of-pocket limit	\$375 – 1 child \$750 – 2 or more children	Not applicable
General office visit	\$25 per visit	\$25 per visit
<b>Diagnostic &amp; preventive services</b>		
Routine and emergency exams	Covered with the office visit copay	Covered with the office visit copay
Routine X-rays	Covered with the office visit copay	Covered with the office visit copay
Teeth cleaning	Covered with the office visit copay	Covered with the office visit copay
Fluoride treatment	Covered with the office visit copay	Covered with the office visit copay
Sealants (per tooth)	Covered with the office visit copay	Covered with the office visit copay
Head and neck cancer screening	Covered with the office visit copay	Covered with the office visit copay
Oral hygiene instruction	Covered with the office visit copay	Covered with the office visit copay
Periodontal charting	Covered with the office visit copay	Covered with the office visit copay
Periodontal evaluation	Covered with the office visit copay	Covered with the office visit copay
<b>Restorative dentistry &amp; prosthodontics</b>		
Fillings	\$25	\$25
Porcelain-metal crown	\$200	\$200
Complete upper or lower denture	\$200	\$200
Bridge (per tooth)	\$200	\$200
Dental implant surgery	You pay charges in excess of \$1,500*	You pay charges in excess of \$1,500*
<b>Endodontics &amp; periodontics</b>		
Root canal therapy – anterior	\$150	\$150
Root canal therapy – bicuspid	\$200	\$200
Root canal therapy – molar	\$275	\$275
Osseous surgery (per quadrant)	\$200	\$200
Root planing (per quadrant)	\$120	\$120
<b>Oral surgery</b>		
Routine extraction (single tooth)	\$25	\$25
Surgical extraction	\$150	\$150
<b>Orthodontia treatment</b>		
Pre-orthodontia services <sup>2</sup>	\$150**	\$150**
Comprehensive orthodontic services	\$2,800***	\$2,800
<b>Miscellaneous</b>		
Local anesthesia	Covered with the office visit copay	Covered with the office visit copay
Dental lab fees	Covered with the office visit copay	Covered with the office visit copay
Nitrous oxide	\$40	\$40
Specialty office visit	\$30	\$30
Out-of-area emergency care reimbursement	You pay charges in excess of \$100	You pay charges in excess of \$100

### Direct Option 7I-7IK

Under age 19, members pay	Ages 19+, members pay
No annual maximum	No annual maximum
No deductible	No deductible
\$375 – 1 child \$750 – 2 or more children	Not applicable
\$30 per visit	\$30 per visit
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
\$30	\$30
\$300	\$300
\$350	\$450
\$300	\$300
You pay charges in excess of \$1,500*	You pay charges in excess of \$1,500*
\$175	\$175
\$225	\$225
\$325	\$325
\$350	\$350
\$150	\$150
\$30	\$30
\$175	\$175
\$150**	\$150**
\$2,800***	\$2,800
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
\$40	\$40
\$30	\$30
You pay charges in excess of \$100	You pay charges in excess of \$100

*These benefits and Delta Dental Plan of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.*

*\*Limited to one dental implant surgery per calendar year.*

*\*\*Copayment credited towards the Comprehensive Orthodontic Service copayment if patient accepts treatment plan.*

*\*\*\*Copayment for Comprehensive Orthodontic Services provided for treatment of cleft palate with or without cleft lip is \$350 for members under age 19. Orthodontic Services for all other purposes are not included in the annual out-of-pocket limit.*



# 2022 Delta Dental voluntary plan benefit table

	Delta Dental Premier®, Voluntary, 1000, 100*/80/50, 50 Delta Dental Premier®, Voluntary, 1500, 100*/80/50, 50		Delta Dental Premier®, Voluntary, 1000, 80/80/50, 50 Delta Dental Premier®, Voluntary, 1500, 80/80/50, 50	
<b>Calendar year costs</b>				
Deductible	\$50 per person / \$150 per family		\$50 per person / \$150 family	
Out-of-pocket maximum (under age 19)	\$375 for one member / \$750 for two or more members		\$375 for one member / \$750 for two or more members	
Annual maximum (age 19+)	\$1,000   \$1,500		\$1,000   \$1,500	
Minimum number of subscribers	10		10	
<b>Class 1</b>	What members pay		What members pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
Exams & X-rays	10%	0%	10%	20% after deductible
Cleanings	10%	0%	10%	20% after deductible
Sealants	10%	0%	10%	20% after deductible
Topical fluoride	10%	0% <sup>1</sup>	10%	20% after deductible <sup>1</sup>
Space maintainers	10%	Not covered	10%	Not covered
<b>Class 2</b>				
Restorative fillings	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Oral surgery	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Endodontics	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Periodontics	30% after deductible	20% after deductible	30% after deductible	20% after deductible
Anesthesia	30% after deductible	20% after deductible	30% after deductible	20% after deductible
<b>Class 3</b>				
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial & complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants & bridges	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>				
Provider network	Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: no Nonparticipating dentists: yes		Delta Dental Premier Network: no Nonparticipating dentists: yes	
Direct Option plan match	Direct Option 5I-IKV, Voluntary (\$1,000) Direct Option 3I-IKV, Voluntary (\$1,500)		Direct Option 7I-IKV, Voluntary	

\* Deductible waived for Class 1 services

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip for ages under 19.

Delta Dental PPO<sup>SM</sup>, Voluntary, 1000, 100\*/90/50, 50  
 Delta Dental PPO<sup>SM</sup>, Voluntary, 1500, 100\*/90/50, 50

\$50 per person / \$150 per family

\$375 for one member / \$750 for two or more members  
 (in-network only)

\$1,000 | \$1,500

10

In-network, members pay		Out-of-network, members pay	
Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
0%	0%	20%	10%
0%	0%	20%	10%
0%	0%	20%	10%
0%	0% <sup>1</sup>	20%	10% <sup>1</sup>
0%	Not covered	20%	Not covered
40% after deductible	10% after deductible	40% after deductible	30% after deductible
40% after deductible	10% after deductible	40% after deductible	30% after deductible
40% after deductible	10% after deductible	40% after deductible	30% after deductible
40% after deductible	10% after deductible	40% after deductible	30% after deductible
40% after deductible	10% after deductible	40% after deductible	30% after deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible
Not covered	50% after deductible	Not covered	50% after deductible
50% after deductible	Not covered	50% after deductible	Not covered
Delta Dental PPO Network		All other providers	
Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating dentists: yes	

Direct Option 71-IKV, Voluntary (\$1,000)  
 Direct Option 51-IKV, Voluntary (\$1,500)

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# 2022 Delta Dental voluntary plan benefit table

	Delta Dental PPO <sup>SM</sup> , Voluntary, 1000, 100*/80/50, 50 Delta Dental PPO <sup>SM</sup> , Voluntary, 1500, 100*/80/50, 50			
<b>Calendar year costs</b>				
Deductible	\$50 per person / \$150 per family			
Out-of-pocket maximum (under age 19)	\$375 for one member / \$750 for two or more members (in-network only)			
Annual maximum (age 19+)	\$1,000   \$1,500			
Minimum number of subscribers	10			
<b>Class 1</b>	In-network, members pay		Out-of-Network, members pay	
	Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
Exams & X-rays	0%	0%	20%	10%
Cleanings	0%	0%	20%	10%
Sealants	0%	0%	20%	10%
Topical fluoride	0%	0% <sup>1</sup>	20%	10% <sup>1</sup>
Space maintainers	0%	Not covered	20%	Not covered
<b>Class 2</b>				
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Oral surgery	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	30% after deductible
Anesthesia	40% after deductible	20% after deductible	40% after deductible	30% after deductible
<b>Class 3</b>				
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial & complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants & bridges	Not covered	50% after deductible	Not covered	50% after deductible
Orthodontia <sup>2</sup>	50% after deductible	Not covered	50% after deductible	Not covered
<b>Features</b>				
Provider network	Delta Dental PPO Network		All other providers	
Balance bill	Delta Dental PPO Network: no		Delta Dental Premier Network: no Nonparticipating dentists: yes	
Direct Option plan match	Direct Option 71-IKV, Voluntary (\$1,000) Direct Option 51-IKV, Voluntary (\$1,500)			

\* Deductible waived for Class 1 services

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip for ages under 19.

## Delta Dental EPO, Voluntary, 1000, 100\*/80/50, 50

\$50 per person / \$150 family

\$375 for one member / \$750 for two or more members  
(in-network only)

\$1,000

N/A

In-network, members pay		Out-of-network, members pay	
Ages 0 – 18	Ages 19+	Ages 0 – 18	Ages 19+
0%	0%	Not covered	
0%	0%	Not covered	
0%	0%	Not covered	
0%	0% <sup>1</sup>	Not covered	
0%	Not covered	Not covered	
40% after deductible	20% after deductible	Not covered	
40% after deductible	20% after deductible	Not covered	
40% after deductible	20% after deductible	Not covered	
40% after deductible	20% after deductible	Not covered	
40% after deductible	20% after deductible	Not covered	
50% after deductible	50% after deductible	Not covered	
50% after deductible	50% after deductible	Not covered	
Not covered	50% after deductible	Not covered	
50% after deductible	Not covered	Not covered	
Delta Dental PPO Network		All other providers	
Delta Dental PPO Network: no		Yes	

### Direct Option 71-HKV, Voluntary

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# 2022 Voluntary Direct Option plan benefit table

	Voluntary Direct Option 1I-1IK	
	Under age 19, members pay	Ages 19+, members pay
Annual maximum	No annual maximum	No annual maximum
Deductible	No deductible	No deductible
Annual out-of-pocket limit (under age 19)	\$375 – 1 child \$750 – 2 or more children	Not applicable
General office visit	\$15 per visit	\$15 per visit
<b>Diagnostic &amp; preventive services</b>		
Routine and emergency exams	Covered with the office visit copay	Covered with the office visit copay
Routine X-rays	Covered with the office visit copay	Covered with the office visit copay
Teeth cleaning	Covered with the office visit copay	Covered with the office visit copay
Fluoride treatment	Covered with the office visit copay	Covered with the office visit copay
Sealants (per tooth)	Covered with the office visit copay	Covered with the office visit copay
Head and neck cancer screening	Covered with the office visit copay	Covered with the office visit copay
Oral hygiene instruction	Covered with the office visit copay	Covered with the office visit copay
Periodontal charting	Covered with the office visit copay	Covered with the office visit copay
Periodontal evaluation	Covered with the office visit copay	Covered with the office visit copay
<b>Restorative dentistry &amp; prosthodontics</b>		
Fillings	\$15	\$15
Porcelain-metal crown	\$350	\$375
Complete upper or lower denture	\$350	\$500
Bridge (per tooth)	\$375	\$375
Dental implant surgery	You pay charges in excess of \$1,500	You pay charges in excess of \$1,500
<b>Endodontics &amp; periodontics</b>		
Root canal therapy – anterior	\$125	\$125
Root canal therapy – bicuspid	\$200	\$200
Root canal therapy – molar	\$250	\$250
Osseous surgery (per quadrant)	\$175	\$175
Root planing (per quadrant)	\$100	\$100
<b>Oral surgery</b>		
Routine extraction (single tooth)	\$15	\$15
Surgical extraction	\$175	\$175
<b>Orthodontia treatment</b>		
Pre-orthodontia services	\$150**	\$150**
Comprehensive orthodontic services	\$2,200***	\$2,200
<b>Miscellaneous</b>		
Local anesthesia	Covered with the office visit copay	Covered with the office visit copay
Dental lab fees	Covered with the office visit copay	Covered with the office visit copay
Nitrous oxide	\$40	\$40
Specialty office visit	\$30	\$30
Out-of-area emergency care reimbursement	You pay charges in excess of \$100	You pay charges in excess of \$100

### Voluntary Direct Option 2I-2IK

Under age 19, members pay	Ages 19+, members pay
No annual maximum	No annual maximum
No deductible	No deductible
\$375 – 1 child \$750 – 2 or more children	Not applicable
\$25 per visit	\$25 per visit
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
\$20	\$20
\$350	\$375
\$350	\$500
\$375	\$375
You pay charges in excess of \$1,500	You pay charges in excess of \$1,500
\$125	\$125
\$200	\$200
\$250	\$250
\$175	\$175
\$100	\$100
\$20	\$20
\$175	\$175
\$150**	\$150**
\$2,200***	\$2,200
Covered with the office visit copay	Covered with the office visit copay
Covered with the office visit copay	Covered with the office visit copay
\$40	\$40
\$30	\$30
You pay charges in excess of \$100	You pay charges in excess of \$100

*These benefits and Delta Dental Plan of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.*

*\*Limited to one dental implant surgery per calendar year.*

*\*\*Copayment credited towards the Comprehensive Orthodontic Service copayment if patient accepts treatment plan.*

*\*\*\*Copayment for Comprehensive Orthodontic Services provided for treatment of cleft palate with or without cleft lip is \$350 for members under age 19. Orthodontic Services for all other purposes are not included in the annual out-of-pocket limit.*





# Prepare your clients for a *healthy start*

Keeping your clients healthy is an investment that pays dividends. So, get ready to help start their journey to better overall health and wellness.

## Business requirements

Here are some of the finer points about enrolling small groups in our plans.

- **Confirm client's eligibility.** Your client's business must be located in Oregon and have one to 50 full-time (or full-time-equivalent) employees on average during the preceding calendar year and have at least one employee enrolled on the first day of the plan year.
- **Enroll by the 10th of the month.** New group enrollment information must be received no later than the 10th of the month prior to the desired effective date.
- **Choose an employee eligibility waiting period.** The waiting period refers to the length of time between date of hire and coverage date. It cannot exceed 90 days for integrated dental/medical or medical only plans.
- **Make changes to plans upon renewal.** Changes may include, but are not limited to, eligibility waiting periods, group plan choices, employer eligibility changes and contribution or participation amounts.

## Delta enrollment guidelines

Groups with four to 50 employees are eligible for Delta Dental with Direct Option matched plans. At least 70% of eligible employees and 25% of eligible dependents must participate. For groups of four to five employees, a minimum of two employees must enroll in each plan.

Groups of two to five employees without two enrolled in each plan are eligible for either a Delta Dental or Direct Option plan. 100% of eligible employees and eligible dependents must participate.

## Voluntary plan guidelines

For groups that don't currently offer dental, a voluntary dental plan could be a perfect fit. These plans require less contribution and participation, so employers can reduce their financial risk while offering additional benefits. Groups of two or more enrolled employees can select a voluntary plan. Voluntary Delta Dental with Direct Option matched plans are available for groups with at least two employees enrolled in each plan. Minimum participation is 25% of eligible employees.



# wellbeing

We're here to help your clients take care of their whole health. That's why we created Moda Wellbeing – a comprehensive collection of innovative services, programs and tools that empower members to be better in every way.

## Tools and programs for your entire health journey

“Well-being” means the state of being happy, healthy and prosperous. It's about more than just physical health. It's about the health of your clients' employees entire being, which also includes mental and emotional health. Moda Wellbeing makes it possible for them to choose the services, programs and tools that are right for their whole health.

Programs are evidence-based actions and activities designed to help meet their specific goals. Digital tools are self-serve and available 24/7.

# Moda Wellbeing includes:



## Member support

Assistance getting the most out of your benefits and managing your plan



## Care management

Support accessing care and managing care needs



## Condition and disease management

Special support for acute and chronic conditions



## Wellness management

Everything needed to maintain and improve health



## Financial management

Access to tools to help control healthcare costs and protect identity



## Custom services

Programs created specifically to meet the unique needs of your population

# Member support

Assistance getting the most out of your benefits and managing your plan



## Services

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### Claims and appeals support

If you have questions about how your claim was paid, just contact us for help.

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### Travel assistance

We've got members covered at home and away. Whether they are traveling around the world or only 100 miles away from home, they can call upon Assist America® for medical services and transport. There are no exclusions for geographic locations, pre-existing conditions and adventure sports injuries. And, they can call Assist America's operations center 24 hours a day to speak with emergency-certified assistance professionals.

## Self-serve tools

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### Pharmacy locator

Members can access our Find Care tool to find in-network pharmacies. It's online and easy to use. They can search by pharmacy name, address, city, state and ZIP. The locator also lets members know if a pharmacy is open 24 hours.

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### Provider locator

Members can access our Find Care tool to locate in-network providers. It's online and easy to use. They can search by type of provider: medical, dental, pharmacy or vision; and provider name and location. Find Care also lets members know if a provider is accepting new patients.

# Care management

Support accessing care and managing care needs



## Services

### Care coordination and case management

If members need to go to the hospital, need surgery, are seriously injured or are sick, they can get extra support. Members can focus on healing while our Healthcare Advocates help them:

- Understand and use all their benefits
- Navigate the healthcare system
- Communicate with their providers
- Set up care their provider recommends
- Find community resources

## Services (cont.)

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### Dental health management

 Provided by Delta Dental

Dental members can access Dental Tools to easily manage their dental health in one location. They can use this online service to:

- Have an emergency virtual consult
  - Get a virtual checkup
  - View their benefits dashboard
  - Get dental cost estimates
  - Ask a dentist questions
  - Take a dental risk assessment
- 

### Text a doctor, 24/7

Enjoy fast and private access to a dedicated doctor in under a minute – at no cost to the members.\* With the CirrusMD app, all members need is internet access to:

- Connect with a doctor via text, 24/7, without appointments or time limits
- Ask urgent or general health questions
- Message, share photos or video chat
- Get peace of mind, even at 2 a.m.
- Come back to conversations or follow up as often as they would like

\*Members on HDHPs must meet deductible. On the Oregon Standard Metal plans, members' cost is the same as a PCP office visit copay.

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### Virtual care

Members can get care from the comfort of their home or anywhere they like with Virtual Visits or telehealth. They can use a Virtual Visit or telehealth when they need attention right away, but do not feel like their life is in danger. For example, they could use these services for a cold or flu, a sore throat, stuffy nose, coughs, congestion, allergies, poison ivy/oak, nausea, minor injuries, and bites and stings. They should not use Virtual Visits or telehealth for medical emergencies.

# Condition and disease management

Special support for acute and chronic conditions



## Programs

### Counseling

Now medical members can get therapy on their smartphone through our partner, Meru Health. Completely confidential, the therapy is part of a 12-week treatment program to help with depression, anxiety and burnout. The program offers:

- Confidential and fast access to evidence-based treatment through smartphone
- The ability to meet with a dedicated, licensed therapist via both video and app chat
- Different practice options to choose from
- Empowering life skills to reduce symptoms and stay mentally healthy
- A heart rate variability biofeedback monitoring system to help members learn how to recover from stress quickly

### Extra dental care – Health through Oral Wellness®

 Provided by Delta Dental

If members are at greater risk for oral diseases, they can get extra care with our Health through Oral Wellness® program. Benefits and care include additional cleanings, fluoride treatments, sealants and periodontal maintenance.

## Programs (cont.)

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### Extra dental care – Oral Health, Total Health

 Provided by Delta Dental

If members have diabetes or are pregnant in their third trimester, they can get extra dental care through our Oral Health, Total Health program.

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### Health coaching

When members need a hand with their health, our health coaches use evidence-based practices to help them set goals and feel their best. Our care programs include:

- Cardiac care
  - Behavioral health
  - Depression care
  - Diabetes care
  - Kidney care
  - Lifestyle coaching
  - Women’s health & maternity care
  - Respiratory care
  - Spine & joint care
  - Weight care
  - Quitting tobacco
- 

### Livongo

We offer a comprehensive diabetes management program, at no extra cost, to members and dependents who qualify. The program, made possible through our partner, Livongo, provides:

- A smart meter, which automatically uploads blood glucose readings, eliminating the need for logbooks. The meter also serves up real-time tips.
  - Unlimited supplies with no hidden costs. Strips and lancets are shipped directly to the member, at their request.
  - Coaching anytime and anywhere. Livongo’s expert coaches are available via phone, text and our mobile app to give guidance on nutrition and lifestyle questions.
- 

### Compassionate kidney care program

Members with chronic kidney disease stages 3, 4 and 5, and end-stage renal disease will receive care coordination services designed to slow kidney disease progression.

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### Prescription savings program

This savings program from Sempre Health helps members save money on qualifying medications when they take them and refill them as prescribed.

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## Self-serve tools

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### Medication interaction finder

Some medications should not be used together. Members can protect themselves from possible harmful effects. It’s easy to find out how different medications interact with each other. Just use our online tool, MEDCounselor.

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### Prescription history finder

We offer PersonalHealthRX as an easy way for members to see their prescription history. Members can view and print their current medication histories, including copayments and yearly tax reports of expenses.

# Wellness management

Everything members need to maintain and improve health



## Services

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### Fitbit® personalized wellness program

Stay fit, healthy and connected with Fitbit®. Join Fitbit Care™ for Moda Health now to access Fitbit Premium and health coaching at no cost. From steps to sleep, members will gain valuable insights into how their behaviors affect their health. Plus, members will get the tools they need to make healthy changes by visiting the Moda Health Fitbit store. Members can redeem a discounted Fitbit device to help kickstart their wellbeing journey. Members will enjoy:

- 1:1 personalized support from a certified health coach
- Access to thousands of dynamic workouts that can be adapted to create the ideal program
- Fitness challenges to complete on their own or with others
- Guided programs to help them move more, sleep better and eat well. These programs are customizable, based on their goals and schedule.
- Personalized insights to help improve their health, based on their exercise, heart rate and sleep
- Advanced sleep tools to boost their energy

## Services (cont.)

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### Discounted gym membership

Stay active in the gym or at home. With the Active&Fit Direct™ program, you have access to:

- 16,000+ Standard and Premium fitness centers and exercise studios nationwide
  - The ability to purchase a membership for spouse (or domestic partner)
  - The option to switch fitness centers to find the right fit
  - 4,000+ digital workout videos so you can work out at home or on-the-go
- 

### ChooseHealthy

Members have access to these health and wellness services from ChooseHealthy.

- Discounts of up to 55% on popular health and fitness brands, including Garmin®, Vitamix®, PROCompression® and Fitbit®
  - Savings of up to 25% on services including acupuncture, chiropractic and therapeutic massage. Members will need to see providers who are in the ChooseHealthy network. Members with plans that include alternative care benefits will need to exhaust those benefits before they can use ChooseHealthy for alternative care.
  - Access to no-cost online health classes
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### Hearing aid discounts

Get a discount for a hearing aid exam and hearing aid from TruHearing. Medical members can enjoy:

- The latest advances in hearing technology
  - Expert care from a team of helpful professionals in their area
  - A hearing exam plus three follow-up visits for fitting and adjustments
  - A worry-free purchase with a 45-day trial and three-year warranty
  - 48 free batteries per aid included with non-rechargeable models
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## Programs

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### Counseling

Members get confidential support, guidance and resources to help them and their family resolve personal issues. Just use our Employee Assistance Program (EAP).

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### Personal health assessment

Members can use Momentum to determine their health age and access recommended articles. They can take an annual health assessment and see recommended tests, screenings and lifestyle changes based on their results, as well as research health conditions and topics.

# Financial management

Access to tools to help control healthcare costs and protect identity



## Self-serve tools

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### Healthcare cost estimates

Members can see an estimate of what they will pay for medical services before they have them – not after the bill arrives. Use our Healthcare Cost Estimator to:

- See procedure costs
- Compare costs across providers
- See their specific out-of-pocket costs

### Prescription price checker

Members can find out what they will pay for prescriptions before they get them. They can use our online prescription price check tool to see costs at specific pharmacies and to find out about generic options.

## Services

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### Identity protection

Members can keep their information safe with complete identity protection through IDX™ Identity. Spot false claims early and find fraud before it causes them or their family harm. Members can simply enroll in IDX Identity for full financial and medical protection. Once enrolled, they can access all monitoring in one user-friendly app.



## We're here to *help*

To learn more about our health plans and resources, visit [modahealth.com](http://modahealth.com). Choose the tab for employers and explore group plans. We're also available to guide your clients through the plan selection and administration process.

### Faster benefits administration with Employer Dashboard

The Employer Dashboard was created to help your clients quickly access and manage the details of benefits administration with us. It's self-service, easy-to-use and available 24/7.

With the Employer Dashboard, all employers can:

- Review employee enrollment information and history
- Generate an enrollment census of all covered employees and/or dependents
- View benefit and plan details
- View Member Handbooks
- Manage billing with eBill
- Message us securely
- Order ID cards

Employers who do not submit electronic eligibility can:

- Enroll employees and dependents
- Make coverage changes
- Update employee contact information

### Contact us

Have questions about our plans or need marketing materials? Our friendly and knowledgeable team members are here to assist you. Call us Monday through Friday.

See back cover for contact information.

We help every member find the right path through compassionate care – and by guiding them on their health journey, every step of the way.

***If you need a hand, please let us know!***

# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

**If you need any of the above, call Customer Service at:**

888-217-2363 (TDD/TTY 711)

**If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:**

Moda Partners, Inc.  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

**If you need help filing a complaint, please call Customer Service.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

**Dave Nessler-Cass coordinates our nondiscrimination work:**

Dave Nessler-Cass,  
Chief Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

(URDU) توجہ دیں: اگر آپ اردو بولتے ہیں تو سب سے اعلیٰ قیمت کے لیے 1-877-605-3229 (TTY: 711) پر کال کریں۔

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzen zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવે) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດລາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການລ່ວງຍຸຕູ້ອຸດົມພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ຄ່າສ່ວນ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ តើអ្នកត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณ สามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le togotogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

Individual & family

Medicare



Small group

Large group

**Questions?** *We're here to help.*

Call us toll-free at 800-578-1402.  
TTY users, please call 711.

**Portland office** (corporate headquarters)

601 SW Second Ave.  
Portland, OR 97204-3156  
503-243-3948 or toll-free at 800-578-1402

**modahealth.com**  
**DeltaDentalOR.com**



These benefits and Moda Health/Delta Dental policies are subject to change in order to be compliant with state and federal guidelines. Health plans in Oregon provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Association.